

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27477
State File No. 3135

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 days,
(Specify whether years, months or days) 9 years, 0

8. (a) PRINT FULL NAME Mrs. Natalie Gordon Clay,

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wallace Clay, 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Feb 23 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 5 25 hr. min.

9. Birthplace Iowa, (City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

12. Name Harper Gordon,

13. Birthplace Nebraska, (City, town, or county) (State or foreign country)

14. Maiden name Etta Wood,

15. Birthplace Iowa, (City, town, or county) (State or foreign country)

16. (a) Informant Wallace Clay,

(b) Address 5600 Locust St., Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 8-20-41
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 6235 Gillham Plaza, K. C., Mo.

19. (a) 9/19/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 5600 Locust Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th,
year 1941 hour 1:05 minute A. M.

21. I hereby certify that I attended the deceased from 7-12-41
to 8-18, 1941;
that I last saw her alive on 8-10-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death leukemia Duration 40 da

Due to 74 B

Due to 14 B

Other conditions (Include pregnancy within 3 months of death) 14 B

Major findings: Of operations

Of autopsy autopsy verified above.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. J. Lee (M. D. or other)

Address 1518 Prof. Bldg. Kansas Date signed 8/24/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Charles Lee Proff. Baker
Dr. ~~William Baker~~

HQ 4.611

12 o'clock

NOV 20 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No. 1415

P. O. Address 15 E. 27th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.